

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		6/15/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	71480	6/21/99
FORMALITY REVIEW	<i>[Signature]</i>		8-6-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/21/01
2	✓	✓	7/9/01
3	✓	✓	3-21-02
4	✓	✓	9-4-02
5	✓	✓	4-20-03
6	✓	✓	10-17-03
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	3-21-02
52	✓	✓	9-4-02
53	✓	✓	4-20-03
54	✓	✓	10-17-03
55	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
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106	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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